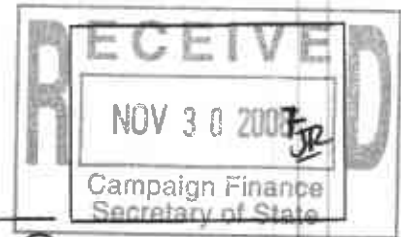


2007 ELECTION CYCLE
CPR - SS 07-01

**CANDIDATE REPORT OF 2007
RECEIPTS AND DISBURSEMENTS**



Name of Candidate Ray Vecchio
Address P.O. Box 5946 Vandalia County Jackson
Telephone (Work) _____ (Home) 826 5455 (Fax) 228 826 5455
Contact Name J. Vecchio Email Address RAYVEC@ic
Office Sought Senate Dist 51 Political Party Dem.

☐ Check here if above is different from previous report

TYPE OF REPORT

*** CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING ***

<input type="checkbox"/> May 10, 2007	Periodic Report (January 1, 2007, through April 30, 2007)	Mandatory
<input type="checkbox"/> June 8, 2007	Periodic Report (May 1, 2007, through May 31, 2007)	Mandatory
<input type="checkbox"/> July 10, 2007	Periodic Report (June 1, 2007, through June 30, 2007)	Mandatory
<input type="checkbox"/> July 31, 2007	Pre Election Report (July 1, 2007, through July 28, 2007)	Primary Candidates
<input type="checkbox"/> August 21, 2007	Pre Election Report (July 29, 2007, through August 18, 2007)	Runoff Candidates
<input type="checkbox"/> October 10, 2007	Periodic Report (July 1, 2007 through September 30, 2007)	Mandatory
<input type="checkbox"/> October 30, 2007	Pre-Election Report (October 1, 2007, through October 27, 2007)	Mandatory
<input type="checkbox"/> November 13, 2007	Pre-Runoff Report (October 28, 2007, through November 10, 2007)	Runoff Candidates
<input type="checkbox"/> January 10, 2008	Periodic Report (October 28, 2007, through December 31, 2007)	Mandatory
<input checked="" type="checkbox"/> Termination Report	(Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.)	Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(Itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	17300.00 +\$	\$ 500.00	\$ 17800.00
Total amount of disbursements \$	13605.84 +\$	\$	\$ 13605.84
Total amount of cash on hand \$		3391.16	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. § 23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:**
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Eric Clark, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return form to their county Circuit Clerk.

Page _____ of _____

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date Day, Year	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		____/____/____	\$
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Name of Employer (Required)		11/01/07	\$ 500.00
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date Day, Year	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		____/____/____	\$
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date Day, Year	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		____/____/____	\$
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date Day, Year	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		____/____/____	\$
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$